



Attorney Docket No.: 48452-047

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner ~~Franz~~ B. Jean

Group Art Unit 2151

Application of	:	Robert S. Philips, et al.
Serial No.	:	09/703,884
Filed on	:	November 1, 2000
Title of the Invention	:	INTERNET-BASED SHARED FILE SERVICE WITH NATIVE PC CLIENT ACCESS AND SEMANTICS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

Applicant requests a three (3) month extension of time in which to file a reply to the Office Action dated June 16, 2005, for the above application from September 17, 2005 to December 16, 2005.

Please charge the fee of \$1,020.00 for the extension of time to Deposit Account No. 16-2500 of the undersigned.

Respectfully submitted,

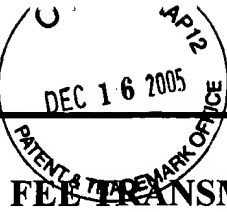
PROSKAUER ROSE LLP
Attorneys for Applicant(s)

Date: December 15, 2005

By Abigail Cousins
Abigail F. Cousins
Reg. No. 29,292

PROSKAUER ROSE LLP
Patent Department
1585 Broadway
New York, NY 10036-8299
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12/20/2005 BABRAHA1 00000021 162500 09703884
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FEE TRANSMITTAL
FY 2005

Complete if Known	
Application Serial Number	09/703,884
Filing Date	November 1, 2000
First Named Inventor	Robert S. Philips
Group Art Unit	2151
Examiner Name	Frantz B. Jean
Attorney Docket No.	48452-047

METHOD OF PAYMENT
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.
<input type="checkbox"/> Applicant claims small entity status.

FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount
1. TOTAL

2. EXCESS CLAIM FEES		Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100	
Total Claims	Extra Claims	Fee Paid (\$)	
- 20 or HP= 0 X \$50 =		0	

HP = highest number of total claim paid for, if great than 20
Indep. Claims Extra Claims Fee Paid (\$)
- 3 or HP= 0 X \$200 = 0
HP = highest number of total claim paid for, if great than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	

2. TOTAL: 0

3. APPLICATION SIZE FEE				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
	/50	round up to a whole number	x	= 0
3. TOTAL:				0

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FEE CALCULATION (continued)			
4. ADDITIONAL FEES			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	
450	225	Extension for reply within 2 nd mo.	
1,020	510	Extension for reply within 3 rd mo.	1,020
1,590	795	Extension for reply within 4 th mo.	
2,160	1,080	Extension for reply within 5 th mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
Other fee (Specify)		Request for Continued Examination (RCE)	
Other fee (Specify)			
4. TOTAL:			

TOTAL AMOUNT SUBMITTED
(\$1,020.00)

SIGNATURE BLOCK
Respectfully submitted,

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